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# TEAMWORK

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## PUBLIC HEALTH ENTERPRISES



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**NATIONAL INSTITUTES OF HEALTH**

March, 1923



## THE NATIONAL HEALTH COUNCIL

Administrative Office  
370 SEVENTH AVENUE  
NEW YORK

Official Headquarters  
17TH & D STREETS, N. W.  
WASHINGTON, D. C.

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*MANY factors have contributed to the great advances made in public health during the last half century. Of these, increase in scientific knowledge must be given the first place, but the public interest which has made that knowledge effective has also played an indispensable rôle. This has resulted in the formation of many voluntary organizations, all seeking the betterment of health and vitality but operating as a rule along specialized and independent lines.*

*The National Health Council has been brought about to co-ordinate and unify these efforts, and its organization and methods are described in the following pages. It is the story of one of the most important steps taken in the field of public health in recent years.*

LIVINGSTON FARRAND

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# THE NATIONAL HEALTH COUNCIL

370 SEVENTH AVENUE  
NEW YORK CITY

17TH AND D STREETS, N.W.  
WASHINGTON, D. C.

## *Members of the National Health Council*

### *Members*

AMERICAN PUBLIC HEALTH ASSOCIATION . . . . .  
AMERICAN RED CROSS . . . . .  
AMERICAN SOCIAL HYGIENE ASSOCIATION . . . . .  
AMERICAN SOCIETY FOR THE CONTROL OF CANCER  
CONFERENCE OF STATE AND PROVINCIAL HEALTH  
AUTHORITIES OF NORTH AMERICA . . . . .  
COUNCIL ON HEALTH AND PUBLIC INSTRUCTION OF  
THE AMERICAN MEDICAL ASSOCIATION . . . . .  
NATIONAL CHILD HEALTH COUNCIL . . . . .  
NATIONAL COMMITTEE FOR MENTAL HYGIENE .  
NATIONAL ORGANIZATION FOR PUBLIC HEALTH  
NURSING . . . . .  
NATIONAL TUBERCULOSIS ASSOCIATION . . . . .

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VICTOR C. VAUGHAN  
COURTENAY DINWIDDIE  
FRANKWOOD E. WILLIAMS  
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LINSLY R. WILLIAMS

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BASCOM JOHNSON  
HOWARD C. TAYLOR  
ARTHUR T. MCCORMACK  
WATSON RANKIN  
SALLY LUCAS JEAN  
CLARENCE J. D'ALTON  
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CHARLES J. HATFIELD

### *Advisory Member*

UNITED STATES PUBLIC HEALTH SERVICE . . . . . H. S. CUMMING

GEORGE W. MCCOY

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May 5 1957

## ANTECEDENTS AND MEMBERSHIP OF THE NATIONAL HEALTH COUNCIL

THE history of the National Health Council stretches back over a period of twelve or fifteen years during which many leaders throughout the United States were coming to see more and more clearly the need for co-operation and co-ordination among national health agencies. Many speeches were made, many reports and articles were published and many resolutions were passed during these years, all pointing in the direction of co-ordination. Especial importance is attached to a conference of thirty-nine health agencies which, in April, 1913, convened in New York at the suggestion of the Council on Health and Public Instruction of the American Medical Association, because this resulted in the appointment of Professor Selskar M. Gunn to make a study of the problems of co-ordination among national health agencies. His report completed in May, 1915, showed twenty-four national organizations engaged in health activities, of which ten stood out as having major health functions. A continuation committee took up the intensive study of these organizations for the purpose of developing a national clearing house of voluntary health interests, but the World War interrupted temporarily these developments, and they were not again taken up until the winter of 1918-1919, when a conference was called by the American Public Health Association.

It developed that further and deeper study, partly because of the war, had become necessary, and in the summer of 1920 a special committee was formed for this purpose and Dr. Donald B. Armstrong was engaged to make a survey of the situation then existing. The report of Doctor Armstrong's survey, which had been financed by the American Red Cross, was presented to a conference which met in Washington in October, 1920. After discussion of the report by this and a subsequent conference the National Health Council was at last formally organized in December, 1920.

The fourteen organizations which constitute at present the direct, indirect, or advisory Members of the National Health Council are all concerned with major fields of public health work in America. The general American public is perhaps best represented by the American Red Cross, which has a vital interest in public health. Professional health workers are represented by the American Public Health Association and the Conference of State and Provincial Health Authorities of North America. The medical profession is represented by the Council on Health and Public Instruction of the American Medical Association. The interests and enterprises of the nursing profession are represented by the National Organization for Public Health Nursing. The national government is represented by the United States Public Health Service, which is an advisory Member of the Council. The American Child Health Association represents voluntary enterprises in the promotion of child health. The interests of special groups for promoting mental hygiene and social hygiene, and for combating tuberculosis and cancer are represented respectively by the National Committee for Mental Hygiene, the American Social Hygiene Association, the National Tuberculosis Association, and the American Society for the Control of Cancer.

The financial support of the National Health Council has been derived from several sources, but especially from the American Red Cross and from

**Foundations.** Dues of Members and payments for services rendered by the Council to its Members have covered another portion of the Council's budget. These resources have been supplemented by the sale of publications which are issued by the Council.

## PURPOSES AND ORGANIZATION

The National Health Council exists to promote mutual understanding and helpfulness among American health agencies and to aid them in their work by conducting a central service bureau. The fundamental spirit of the Council is exemplified and its practical operation is made more feasible by the close association of Members in a joint office arrangement. Seven Members, namely, the American Child Health Association, the American Public Health Association, the American Social Hygiene Association, the American Society for the Control of Cancer, the National Committee for Mental Hygiene, the National Organization for Public Health Nursing, the National Tuberculosis Association, co-operating through the Common Service Committee of the Council, have established joint offices on the fifteenth and sixteenth floors of the Penn Terminal Building in New York. By this arrangement the general directors and staff members of the several agencies having headquarters in New York are in daily contact with each other.

The helpfulness which comes from the close association of persons engaged in the same field of endeavor has been increased by the organizations under the Council's Business Committee of Inter-Staff Conference groups, appointed to advise Members on their activities, under the following heads: Nursing Co-ordination, Publicity and Education, Publications, Health Plays, Health Exhibits, and Health Films. There are also standing committees for the promotion of efficiency in the routine office services and to safeguard the health and welfare of employees, viz., committees of Business Managers, Statisticians, Librarians, and Secretaries; committees on Health of Employees, Recreation and the Management of the National Health Library. Two special committees on "Health Days" have been appointed to prepare plans for a national campaign in which health examinations will be emphasized. The executives of the National Health Council constantly serve these inter-staff committees, co-ordinating and, so far as possible, giving effect to their work.

The National Health Council itself, as distinguished from the groups of staff members previously discussed, is composed of one representative and one alternate from each member agency. This small group of official delegates governs the Council and determine all matters of policy. The Council has, however, delegated authority to act for it between meetings to a group of five representatives called the Business Committee. A committee on Membership gives preliminary consideration to any application for membership in the Council and places recommendations before the Council regarding such applications. The Common Service Committee, formerly a separate body, became a committee of the Council in October, 1922. This committee's functions are described in a subsequent paragraph.

The Council is determined to keep its organization simple and its Secretariat inexpensive and modest in proportions, since it is the function of the Council to co-ordinate activities and to reduce and simplify the machinery for carrying on health work.

## ACCOMPLISHMENTS

The functions and practical services of the National Health Council are best indicated by a brief summary of the Council's current activities and accomplishments since its foundation. The work of the Council is carried on in two offices, viz., the official headquarters in Washington, and the joint offices in New York. Through the Washington office, for which a room is generously provided by the American Red Cross, the Council's representative has been in close contact with those government bureaus which deal in any way with health, and with the American Red Cross, and the National Child Health Council. Through the New York office the Council maintains contact with the Members having headquarters in New York, and here are carried on those services which require association with the largest number of national voluntary health and welfare agencies. The following is a brief résumé of the work of the Council, both through the Washington office and the New York office:

### I. PUBLICATIONS.

1. Established and maintains the federal health legislative information service (prepared in Washington).
2. Maintains the state health legislative information service in co-operation with the United States Public Health Service (prepared in Washington).
3. Publishes the *Monthly Digest*, a general information publication.
4. Issues the *Library Index*, listing important current health publications.
5. Published a list of 300 motion pictures on health subjects.
6. Prepares and distributes the weekly *Common Service News*, a "house organ" for the staffs of Members.

### II. SPECIAL WASHINGTON ACTIVITIES.

1. Published a series of authoritative reports and an organization chart dealing with the health activities of the following government bureaus.

Bureau of Mines, U. S. Department of the Interior.

Division of Vital Statistics, U. S. Bureau of the Census.

Children's Bureau of the U. S. Department of Labor (Second Edition).

Women's Bureau of the U. S. Department of Labor.

Division of School Hygiene of the U. S. Bureau of Education.

General Report on the Health Activities of the U. S. Government with chart.

Health Section, U. S. Bureau of Indian Affairs.

Division of Welfare, U. S. Post Office Department.

Bureau of Animal Industry, U. S. Department of Agriculture.

2. Co-operated in developing plans, which are now being carried out, for a permanent health exhibit at the Smithsonian Institution in Washington.

3. General headquarters service in Washington for members (personal representation, arrangement of conferences, collection of information, etc.).

4. Acted in consulting capacity for the American Red Cross health service.

### III. SPECIAL COMMON SERVICE COMMITTEE ACTIVITIES.

1. Established and carries on joint office projects for certain member and tenant organizations, including renting, leasing, janitor service, etc.

2. Established and maintains the following additional central office services; accounting, library, purchasing, mimeographing and copying, shipping, storage, telephones, film distribution, etc.
3. Directs work of certain inter-staff conference groups, including committees on business management, shipping, purchasing, telephone services, luncheons, statistical service, library service, health of employees, office secretarial work, recreation, etc.
4. Established a health examination system for staffs of Members.
5. Made a confidential study of salary standards and methods among organizations in New York joint offices.
6. Made special office administrative studies such as an analysis of library arrangements, film service, shipping, etc.

#### IV. ADDITIONAL INFORMATION SERVICE.

1. Established and maintains with assistance of Health Films Committee, information services regarding motion pictures on health subjects.
2. Maintains information service regarding field work of Members. (Part of this service was taken over from the National Child Health Council.)
3. Maintains calendar of conference dates in co-operation with the American Public Health Association and the American Medical Association.
4. Established and maintains general clearing house of information regarding health organizations and health work.
5. Informal employment and placement service.

#### V. NATIONAL CO-ORDINATION WORK.

1. Arranged a course of thirty lectures for staffs of Members and outside agencies on health organizations, objectives, etc.
2. Made a study of health plays through conference groups on that subject, with publication of leaflet in particular co-operation with the National Tuberculosis Association.
3. Assembled exhibition materials of certain Members for use in Bellevue Medical School, for the Havana Health Exposition, for display by the American Public Health Association at the New York Health Show, etc.
4. Now engaged in studying problems connected with production, distribution and evaluation of health motion pictures with the assistance of the Health Films Committee, including an analysis of current needs of health authorities and voluntary health organizations.
5. Now engaged in study of problems of health expositions, their values and conditions governing success, with assistance of Health Exhibit Committee.
6. Established statistical service with full time statistician operating with advice of Statistical Committee, services being sold on proportion basis to Members.
7. Appointed committee to consider problems of co-ordination of nursing field supervision and advisory service in particular co-operation with the National Organization for Public Health Nursing.

8. Appointed committee to consider steps for closer relation between the National Health Council and National Child Health Council.\*
9. Appointed committee to consider relationship of National Health Council to American Public Health Association.
10. Appointed committee to consider negro health interests of Members and outside groups, resulting in tentative program for immediate action.
11. Appointed committee to consider plans for National Health Days, in special co-operation with the American Medical Association.
12. Recently created committee of executives—the Advisory Committee on Program and Budget—to give joint consideration to plans and projects of Members.

## VI. FIELD AND STATE CO-ORDINATION WORK.

1. Established service for the development of field interests of Members, in particular co-operation with the American Social Hygiene Association.
2. Made one or more special reports on field interests for the American Social Hygiene Association, the National Tuberculosis Association, the American Society for Control of Cancer, the American Red Cross (verbal), the National Organization for Public Health Nursing, and the American Public Health Association.
3. Made progress on studies of tendencies toward co-ordination of health activities in several states, analysis of types of current efforts, looking toward establishment of State Health Councils or similar bodies. Preliminary studies have been made in the following states:

Illinois, Indiana, Kansas, Missouri, New York, Ohio (two reports), Massachusetts, Maine, Oklahoma, and the District of Columbia. A general report on co-ordination of state health agencies has been published.

## VII. MISCELLANEOUS SERVICES.

1. Organized health institute in conjunction with semi-centennial of the American Public Health Association.
2. Co-operated in Rotary Health Week with Members, particularly with the National Tuberculosis Association.
3. Co-operated with the American Society for Control of Cancer in Cancer Week Activities, 1921 and 1922.
4. Numerous minor activities, not referred to above, such as lectures, talks on organization facilities, interviews inside and outside of Council's office, advice and suggestions, both to Members and other agencies.

## PROGRAM FOR 1923

The program for the year 1923 involves, in the main, a continuation of activities already under way, together with attention to their improvement. It will be understood that, during the experimental years of the National Health Council, all activities are subject to constant critical study. Those which prove to be useful to Members and to their enterprises may be elaborated, the

\*See Statement of the National Child Health Council, page 22.

resources of the Council permitting. Others will be discontinued and new services may be established as rapidly as clearly defined needs appear. The following is a condensed statement of the program for 1923:

#### A. GENERAL INTEGRATING AND CLEARING HOUSE ACTIVITIES.

1. Continuation of national co-ordinating activities, through information service (*Monthly Digest*, Conference Calendar, Common Service News, etc.); through inter-organization committees (Nursing, American Public Health Association, National Child Health Council, etc.); statistical service, and information services regarding health films, field work of Members, etc.; joint study by executives of national programs and budgets.
2. Continuation of field and state co-ordinative service—study of problems, approval of tendencies, development of state co-ordination, service channels for Members, etc.
3. Continuation of interstaff conference groups for development of common projects—exhibits, plays, motion pictures, Library Index, health examinations, etc.
4. Development of the Health Days joint project (medical leadership, forms and literature, national propaganda, etc.)
5. Continuation of the Common Service Committee activities. (See C-1.)

#### B. SPECIAL WASHINGTON ACTIVITIES.

1. Continuation of bi-weekly legislative statements on state and federal health legislation (possibly Courts' Decisions Bulletin).
2. Development of permanent exhibit in Washington.
3. Continuation of special bureau reports, reorganization, follow-up, etc.
4. Continuation of individual correspondence and personal representation for Members.

#### C. SPECIAL NEW YORK ACTIVITIES.

1. Co-operation with and assistance to Common Service Committee in joint renting interests, as library, conference and rest rooms, employment, interstaff conference groups, accounting, purchasing, letter service, shipping.
2. Publications: *Monthly Digest*, *Common Service News*, *Library Index*, *Special Reports*, etc. (In Washington: *Federal Legislative Bulletins*, *State Legislative Bulletins*, possibly *Courts' Decisions Bulletin*.)
3. General Administration: Attention to general administration problems—budget, new members, organization representation, etc.

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### MEMBERS OF THE NATIONAL HEALTH COUNCIL

There are three categories of Members of the Council, namely direct, indirect, and advisory Members. A fourth category, to be known as associate Members, is under consideration. The following statements regarding Members of the Council are arranged alphabetically.

AMERICAN MEDICAL ASSOCIATION  
COUNCIL ON HEALTH AND PUBLIC INSTRUCTION  
535 North Dearborn Street, Chicago, Illinois

*Chairman: Victor C. Vaughan, M. D.  
Acting Secretary: Olin West, M. D.*

## I. FUNCTIONS.

The Council on Health and Public Instruction is one of the standing committees of the American Medical Association, the others being the Judicial Council, the Council on Medical Education and Hospitals, and the Council on Scientific Assembly. Each one of these Councils consists of five members, each elected by the House of Delegates for five years, one being elected each year.

The By-Laws provide that the functions of the Council on Health and Public Instruction shall embrace the following subjects: Public Instruction, Defense of Medical Research, Public Health.

## II. ORGANIZATION.

Since the Council is empowered under the By-Laws to appoint committees for any purpose within the jurisdiction of the Council, the Council has at different times appointed a number of subcommittees. There are at present committees on the following: 1. Health Problems in Education. 2. Women's and Children's Welfare. 3. Protection of Scientific Research. 4. Social Relations of the Medical Profession.

The Council consists of the five members and the Secretary.

The Council is supported by funds appropriated by the Board of Trustees from the surplus funds of the American Medical Association.

## III. SERVICES.

a. *Administration.*—The Council is essentially the committee on public relations and co-operation with the public and with other organizations. It considers various questions referred to it by the House of Delegates, and makes recommendations regarding questions affecting the policy of the American Medical Association towards the public and other professional and voluntary organizations; it carries on conferences for the education of the public on health conditions.

The Council appoints special committees for co-ordinating the American Medical Association with other bodies; it appoints representatives for the Association on other Councils, boards, or co-ordinating committees; it endeavors to formulate the policy of the organization and the medical profession on all questions of public and professional interest.

b. *Publications.*

1. Prepares, publishes, and distributes educational pamphlets, charts and posters on public health, baby welfare, sex education, conservation of vision, protection of research, health administration and development.

2. Publishes uniform educational pamphlets for the use of State Boards of Health and other public health organizations on special diseases such as small-pox, typhoid, hookworm, measles, cancer, scarlet fever, tuberculosis, etc.

3. Publishes and distributes in co-operation with the National Educational Association material on health problems in education.

4. Prepares and publishes material on Medico-legal questions, a series of decisions of the Supreme Court now in the progress of compilation being:

- a. State Regulation of the Practice of Medicine.
- b. Medico-Legal Responsibilities of Physicians.
- c. Powers and Duties of Health Officers.
- d. Professional Malpractice.

This part of the work has been recently turned over to a special bureau known as the Bureau of Legal Medicine and Legislation.

5. Publishes and submits to the House of Delegates each year report covering its field of work and recommendations regarding the policy of the American Medical Association on questions relating thereto.

6. In April, 1923, the Council will inaugurate and publish for the American Medical Association a lay medical journal.

The title of this journal will be: "Hygeia, A Journal Devoted to Community and Individual Health; Founded and Published by the American Medical Association."

# AMERICAN NATIONAL RED CROSS

Washington, D. C.

*President:* Warren G. Harding

*Chairman of Executive Committee:* John Barton Payne

## I. FUNCTIONS.

The American National Red Cross was organized in 1881, and was chartered by Congress in 1905. Section three of this charter states that the purpose of the American Red Cross shall be to furnish volunteer aid to the sick and wounded of armies in times of war; to act in matters of voluntary relief; to continue and carry on a system of national and international relief in time of peace and to apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods, and other great national calamities; and to devise and carry on measures for preventing the same. In accordance with the provisions of this charter, the American National Red Cross has for many years conducted work of importance to human health along with its other activities.

## II. ORGANIZATION.

The General Board consists of the Incorporators and their successors; the Central Committee; the Chapter delegates; the five Associates named by the President of the United States, representing the Departments of State, War, Navy, Treasury, and Justice; the members of the Red Cross National Service Committees, and the delegates of the Collective Members. The General Board meets annually on the Wednesday before the second Thursday in December.

The Central Committee consists of eighteen members, of whom six are elected for three-year terms by the Incorporators and six for three-year terms by Chapter delegates at the annual meeting, and six are appointed annually by the President, of whom one is designated by him as chairman and one each is named by him from the Departments of State, War, Navy, Treasury, and Justice. The entire control and administration of the affairs of the American Red Cross are vested in the Central Committee by the provisions of the Congressional Charter.

The Central Committee appoints from its own membership an Executive Committee of nine members, five of whom constitute a quorum, and who, when the Central Committee is not in session, exercise all the powers of the Central Committee.

The National Committee on Red Cross Nursing Service is composed of representatives of the Army, Navy, the United States Public Health Service, the national organizations of nurses and the American Red Cross. This Committee co-operates with and advises the Nursing Service in the performance of its functions, and is also advisory to the Chairman of the Central Committee.

An Advisory Committee on Health has been appointed by the American Red Cross and held its first meeting on December 2, 1922. The members of this Committee are as follows: Dr. William H. Welch, Baltimore, Md., Chairman; Dr. Hermann M. Biggs, New York; Dr. Thomas S. Cullen, Baltimore, Md.; Surgeon General Hugh S. Cumming, Washington, D. C.; Dr. Livingston Farrand, Ithaca, N. Y.; Dr. Frederick D. Lund, Boston, Mass.; Dr. Franklin H.

Martin, Chicago, Ill.; Dr. George Morris Piersol, Philadelphia, Penna.; Dr. John H. J. Upham, Columbus, Ohio; Professor C.-E. A. Winslow, New Haven, Conn.; and Douglas Griesemer, Secretary. This Committee will formulate a program for the health activities of the American Red Cross, to be carried out by chapters throughout the country, which will be recommended to the Central Committee of the American Red Cross for adoption.

National Headquarters are maintained at Washington, D. C. Six Division Headquarters are maintained in the following centers: Boston, Mass., for the States of Maine, New Hampshire, Vermont, Massachusetts, and Rhode Island; Washington, D. C. (Washington Division) for New York, Connecticut, Pennsylvania, New Jersey, Maryland, Delaware, District of Columbia, Virginia, Ohio, Indiana, West Virginia, Kentucky, and Chapters in insular possessions of the United States and in foreign countries; Atlanta, Ga., for North Carolina, South Carolina, Tennessee, Louisiana, Mississippi, Alabama, Georgia, and Florida; Chicago, Ill., for Montana, Wyoming, North Dakota, South Dakota, Nebraska, Minnesota, Iowa, Wisconsin, Illinois, and Michigan; St. Louis, Mo., for Colorado, New Mexico, Kansas, Oklahoma, Texas, Missouri, and Arkansas; San Francisco, Calif., for California, Nevada, Utah, Arizona, Oregon, Washington, Idaho, and Alaska.

The Chapters, of which there are over 3,500, are the smallest operating unit with which Division Headquarters deal.

### III. SERVICES.

a. *Enrollment of Nurses*.—Enrolls nurses primarily as the reserve of the Army and Navy; recommends nurses for the United States Public Health Service, Veterans Bureau, Army and Navy; and assigns nurses for Red Cross activities.

b. *Public Health Nursing*.—Assigns and supervises public health nurses for rural work under the direction of Chapters and affiliated organizations; co-operates with official state agencies in public health nursing activities.

c. *Home Hygiene and Care of the Sick*.—Promotes instruction in preventive measures and home care of sick in city and rural communities, including schools. Home Hygiene and Care of the Sick textbook by Delano and official Guide for Red Cross Instructors published.

d. *Nutrition Service*.—Promotes courses in food selection and nutrition instruction for normal and undernourished children; stimulates the establishment of hot school lunches; published educational material to be used in connection with these activities. Arranges for the enrollment and training of workers in nutrition service who will be available for Red Cross work, for employment by the Army and Navy, Government hospitals, Chapter committees, and civilian hospitals.

e. *First Aid and Life Saving*.—Promotes classes of instruction in first aid and first aid contests; issues textbooks. Life Saving aim is to reduce loss of human life by drowning. Conducts swimming and life saving exhibitions and competitions; teaches rescue and life saving methods.

f. *Junior Red Cross*.—Sets up child health activities in the schools; encourages organized participation of its school members in health work and establishes an administration relationship between special school activities and the American Red Cross health program.

*g. War Service.*—Conducts service to disabled ex-service men in communities and in government hospitals, and to able-bodied men in camps, stations and hospitals of the Army, Navy, and Marine Corps.

*h. Other Services.*—In addition to the services mentioned above, the Red Cross promotes preparedness for disaster relief; conducts camp service and other activities in military stations of the Army and Navy; conducts civilian home service.

#### IV. EXAMPLES OF WORK DONE.

Between July 1, 1921, and June 1, 1922, relief was given in 72 disasters.

On July 1, 1922, there were 38,855 nurses enrolled in the American Red Cross and on that date there were 1,145 public health nursing services. During the fiscal year there were 2,080 public health nurses. Within the year also 42,656 certificates have been issued in Home Hygiene and Care of the Sick.

The Junior Red Cross had 4,483,845 pupils enrolled at the end of the school year, 1921-1922.

The Washington office of the National Health Council has been located in the National Headquarters of the American Red Cross since December, 1920, through the courtesy of this organization.

# AMERICAN PUBLIC HEALTH ASSOCIATION

370 Seventh Avenue, New York City

*President:* E. C. Levy, M. D.

*Executive Secretary:* A. W. Hedrich, C. P. H.

## I. OBJECTIVES.

The general objectives of the Association are the preparation, study, standardization and presentation of scientific public-health procedures, the best methods by which such knowledge can be given to the public, and the expression to the public of professional opinion in regard to such procedures.

## II. ORGANIZATION.

*Governing Council.*—The policy-making body of the Association is the Governing Council, consisting of thirty elective members, twenty-one officers of Sections, the officers of the Association and representatives from affiliated state, public-health societies. There is also an Executive Board of nine members, chosen from the Governing Council.

*Sections.*—The Association consists of the following Sections: Laboratory, Public Health Administration, Vital Statistics, Sanitary Engineering, Industrial Hygiene, Food and Drugs, Child Hygiene, Health Education and Publicity (Provisional), and Public Health Nursing (Provisional).

*Constituency.*—(1) Fellows. The right to vote and hold office in the Association is limited to Fellows. Professional standing and membership in the Association for at least two years are prerequisites to Fellowship. Fellows are elected by the Governing Council.

(2) Members. Individuals actively engaged in public-health work.

(3) Associate Members. Individuals interested in public health.

(4) Sustaining members.

(5) Affiliated state public-health societies, which are defined as organizations primarily promoted as associations of professional public health workers for the same general objects as those of the Association.

## III. SERVICES.

a. *Annual Meeting.*—The annual meeting is attended by about one thousand members and guests. Each of the nine Sections and provisional Sections has programs, and there are also general sessions.

b. *American Journal of Public Health.*—This is the official organ of the Association, and is published monthly. Many, though not all, of the annual meeting papers are published in the Journal.

c. *Reports.*—The Association has nearly fifty committees, most of which report to the technical Sections. Some of the more recent reports are: (1) Municipal Health Department Practice (a survey of the health department activities of 83 cities of 100,000 population and over). (2) Model Health Code for Cities. (3) Salary Standards in Public Health Work. (4) Standard Methods for the Analysis of Water and Sewage. (5) Vital Statistics Standards. (6) Milk Supply. (7) Defense of Medical Research. (8) Standardization of Public Health Training, etc.

# THE AMERICAN SOCIAL HYGIENE ASSOCIATION

370 Seventh Ave., New York City

*President:* Hermann M. Biggs, M. D.

*General Director:* William F. Snow, M. D.

## I. OBJECTIVE.

The purpose of the American Social Hygiene Association is to promote, in all practicable ways, primarily among the people of the United States, a better understanding and wiser use of human sex endowments. At the present time the Association in connection with its other work is stressing sex education, provision of wholesome recreation, the repression of prostitution and the control and reduction of the venereal diseases.

## II. ORGANIZATION.

The Association is a national membership organization incorporated not for profit. It is supported entirely by membership fees and contributions. It is governed by a Board of Directors elected by the members. Executive authority is vested in an Executive Committee. The national office of the Association is composed of the following departments: Public Information, Educational Measures, Recreational Measures, Protective Measures, Legal Measures and Medical Measures. The Association maintains the Social Hygiene Section of the National Health Library and publishes the monthly *Journal of Social Hygiene*. The Association maintains close co-operative relations with state and local social hygiene societies, with the federal and state health authorities and with numerous voluntary agencies which are interested directly or indirectly in the problems of social hygiene.

## III. SERVICES.

a. *Public Information.*—Furnishes information on social hygiene through pamphlets and correspondence to interested persons, develops co-operation with other agencies; presents the Association's activities to the public in every way calculated to stimulate local work; promotes intensive publicity campaigns for special social hygiene measures in selected communities; in these connections it furnishes lecturers and circulates loan books, exhibits, and motion pictures.

b. *Recreational Measures.*—Aids other agencies more directly concerned with recreation and entertainment to incorporate social hygiene measures and related wholesome activities in community programs, as factors in combating vicious amusements conducive to sexual promiscuity. Representatives attend all important conferences in this field and correspondence is maintained with recreation leaders of national and community agencies.

c. *Educational Measures.*—Studies the problem of social hygiene education; stimulates the effective use of educational methods in reaching homes, schools and training agencies, furnishes aid to parents, teachers, and public officials on the educational aspects of sex education and other phases of social hygiene. Prepares posters, lantern slides, motion pictures and other illustrative material for public and special uses. Maintains a corps of lecturers and field representatives to co-operate with faculties of universities, colleges, organizations and study groups.

d. *Protective Measures.*—Studies and promotes measures for protecting boys and girls in danger of becoming sex-delinquents and for rehabilitating such delinquents; holds conferences with institutional boards, public officials, civic groups and others; promotes pertinent activities through organized agencies for dealing with delinquency and through social-work agencies generally; makes field studies on request of state officials or other volunteer agencies.

e. *Legal Measures.*—Furnishes advice on forms of social hygiene laws, their administration and enforcement; makes surveys of prostitution and related conditions in communities; carries on special co-operative activities with members of the legal profession and its organizations. Assists governmental agencies (U. S. Army and Navy, Department of Justice, Department of Immigration) in the solution of law enforcement problems and in securing active civilian co-operation. Promotes needed state or federal legislation and aids local law enforcement committees, crime commissions and similar bodies.

f. *Medical Measures.*—Acts in co-operation with the U. S. Public Health Service as a clearing house on venereal diseases problems for health departments, hospitals, dispensaries, and the physicians; promotes special activities through the nursing and other professions allied to the medical profession.

#### IV. EXAMPLES OF WORK IN 1922.

Conducted statewide surveys of venereal disease clinics in New York and New Jersey; surveys of prostitution conditions in every city in New Jersey (both of these at request of state departments of health); organized and is directing community study groups in fifteen large cities; carried on special lectures and field work among Negroes through a trained Negro worker; prepared and distributed new social hygiene motion pictures (eleven subjects now being in the film library totaling 28,000 feet of negatives); continued demonstration automobile truck with motion picture apparatus and lecturers; (used by health departments in Florida, North Carolina, New York, and other states for reaching rural population); supplied lecturers at request of normal schools, colleges and universities in all parts of the country to supplement regular courses; sent representatives and exhibits to international conferences and expositions in Geneva, Copenhagen, Rio de Janeiro, Amsterdam and other places; reached over 500,000 people during the year through correspondence or personal interview and lectures.

# THE AMERICAN SOCIETY FOR THE CONTROL OF CANCER

370 Seventh Avenue, New York City

*President:* Charles A. Powers, M. D.\*

*Executive Secretary:* Frank J. Osborne.

## I. FUNCTIONS.

As stated in the Certificate of Incorporation by which the American Society for the Control of Cancer was incorporated under the laws of the State of New York, in May, 1922, the particular objects for which the corporation was formed are as follows: To collect, collate and disseminate information concerning the symptoms, diagnosis, treatment and prevention of cancer; to investigate the conditions under which cancer is found and to compile statistics in regard thereto.

More recently, as the demand for treatment became more acute as a direct result of the intensive educational campaign which can be said to date from the return from service of the active professional members of the Society in 1920, the Executive Committee has become impressed with the desirability of cancer clinics and is now encouraging the formation of such clinics preferably in already existing institutions.

## II. ORGANIZATION.

The Society includes within the territory of its operations the United States, including the Hawaiian and Philippine Islands, and the Dominion of Canada.

The headquarters organization consists of an Executive Committee of twenty members, elected from the Society's Advisory Council, which shall not exceed one hundred members, and a Board of Directors of five who shall also be members of the Advisory Council. The administrative work of the organization is placed in the hands of the Executive Committee which is authorized to direct and supervise the activities of the Society, the work of the Executive Secretary and the other representatives and employees of the Society as well as its standing and special committees. The Board of Directors has the general management of the affairs of the Society, supervises the investment and disbursement of funds, and prepares an annual report to be presented at the annual meeting of the members of the Society. The Advisory Council considers the activities and management of the Society and advises with the Board of Directors and Executive Committee in the formation of policy.

The Society now has a field organization represented by ten Regional Directors who have nominal supervision of the activities in their districts, and a Chairman appointed in each state and province. In practically all cases, the State Chairman, who is always a physician, has appointed chairmen of committees in the various counties who in turn have appointed local chairmen, who have for the most part elected active groups of physicians and lay persons as local committees.

## III. SERVICES.

The Society has from the first adopted the policy that nothing thoroughly successful and permanent could be accomplished in the control of cancer without

\*Deceased, December 23, 1922.

the full and hearty co-operation of the medical profession. With this idea in mind the Society has endeavored with success, to enlist the interest and support of the profession. This service is recognized as reciprocal in nature, for the Society has prepared an authoritative handbook on the diagnosis and treatment of cancer which has been widely distributed to physicians. It has also insisted that all its committees be organized with physicians as Chairmen. The Society has the endorsement of the American Medical Association, the various sections of the Congress of American Physicians and Surgeons, and the regional medical societies and associations, and enjoys the closest co-operation and assistance from state and county medical societies.

The Society has also worked in the closest harmony with the state and local health authorities and much of its best results, especially in the education of the general public, have been secured through these official bodies.

Instruction to organizations of nurses and to pupil nurses in training is one of the major activities of the Society. Early in its organization the Society secured the endorsement of the American Nurses Association, the National Organization for Public Health Nursing, and the League of Nursing Education and has since co-operated in every way with public health nurses either attached to Boards of Health and to the Red Cross, or other non-official health agencies. It has prepared and distributed on request a special pamphlet entitled, "How the Public Health Nurse Can Help to Control Cancer."

The education of the general public is carried out in several ways. The Society has, since its inception, been convinced that the most certain way of educating large numbers of persons is to secure an ever increasing number of members, each new member being a sustaining factor in support of the movement, as well as a nucleus for the dissemination of information. The Society has a carefully prepared set of pamphlets for the general reader which are mailed to anyone on request. It has also prepared a parallel set of hand colored drawings illustrating the right and the wrong method of going about the treatment of cancer. This exhibit has recently been reproduced by lithography and sent out to over one thousand cancer committees in the United States and Canada. A popular film drama on the cancer problem has been produced and widely distributed. The Society maintains a supervised press service, including popular articles, which keeps the organization, its purposes and the cancer control program constantly before the public.

#### IV. EXAMPLES OF SERVICES.

The first and second intensive "Cancer Week" campaigns were probably the outstanding activities of the Society during the years 1921 and 1922. During the first campaign, which was conducted from October 30th to November 5th, it is estimated that through numerous publicity measures, fully ten millions of persons were reached. It is believed that the second "Cancer Week" reached, in one way or another, fully fifty per cent more of the population with the vital message of cancer control. It is quite probable that this method of focusing the attention of the American public on the subject of cancer has done more than any other one thing to call public attention to the prevalence of cancer, precancerous and early symptoms and the necessity for immediate attention to any suspicious sign which may indicate the beginning of malignancy.

# THE CONFERENCE OF STATE AND PROVINCIAL HEALTH AUTHORITIES OF NORTH AMERICA

*Office of the Secretary-Treasurer*  
Michigan Department of Health, Lansing, Mich.

*President:* A. T. McCormack, M. D.  
*Secretary-Treasurer:* Richard M. Olin, M. D.

## I. FUNCTIONS.

The function of the State and Provincial Health Authorities of North America is that of an annual conference of State and Provincial Health Officers of North America, at which time methods of administration in public health work, discussion of scientific problems in preventive medicine, the formulation of uniform procedures in public health work and a clearing house of useful information relating to preventive medicine and public health in general, are featured, all of which is preserved through the publication of annual conference proceedings.

## II. ORGANIZATION.

The Conference is purely voluntary, and has continued since 1875. The work of the organization is carried on under a constitution through a regularly organized personnel, namely, president, vice-president, secretary-treasurer and an executive committee of eleven members. The executive committee functions during the intervals between the annual conferences. The membership of the organization is necessarily limited to the executive public health officials of North America.

## III. SERVICES.

The service offered to the general public is that which must result from the close affiliation of health authorities and the resulting stimulating, progressive action of such affiliation. Thus, the public is in the end the chief beneficiary. The proceedings of the conference are available to those who are interested.

## IV. EXAMPLES OF WORK DONE.

As an example of the work done by this association of health authorities might be mentioned: the fairly uniform quarantine procedure throughout North America, largely the result of these conferences; also the recently adopted absolutely uniform rules and regulations relating to the sanitary control of common carriers.

Perhaps the greatest personal advantage resulting from membership in the conference is the *esprit de corps* developed among health commissioners and the enhanced morale in public health work resulting from the intimate contact of the public health executives of the states and provinces.

THE NATIONAL CHILD HEALTH COUNCIL  
532 Seventeenth Street, N.W., Washington, D.C.

*Chairman:* Livingston Farrand, M.D.

*Executive Secretary:* Courtenay Dinwiddie

## I. FUNCTIONS.

a. *Administrative.*—Co-ordinates administrative work of member organizations in the relationship to each other, to public departments and to national organizations interested in child health. Serves as a clearing house for plans and programs for child health work. Studies co-ordination by means of field experiments, conferences, reports, etc.

b. *Advisory Service.*—In order that it might not become a separate organization, expressing merely its own views, the Council placed its machinery at the service of advisory committees which are broadly representative. Publishes reports made by these committees. Through correspondence furnishes advice and information to individuals and to state and local organizations.

c. *Child Health Demonstration.*—Supervises the child health demonstration which is being conducted in Mansfield and Richland County, Ohio, under an appropriation of \$200,000 from the American Red Cross.

The aim of the demonstration is to assist the city and county in developing a health program that is as well balanced and as nearly complete as possible, yet on such a scale that it can be adopted by the local representatives as a permanent part of the community's social organization. It is understood that, as rapidly as possible, those activities for the promotion of health and the prevention of disease which have proved sound shall be taken over by the local public and private authorities and financed by local funds. It is hoped that it will be possible to bring together the results of different types of health work for children from the prenatal period to adolescence (whether in school or in the home, whether through medical or nursing supervision or through health education) and merge them into a practical working program.

## II. ORGANIZATION.

The Council is made up of the following national organizations:

*American CHILD HEALTH Association.*

*American Red Cross.\**

*National Child Labor Committee.*

*National Organization for Public Health Nursing.\**

*National Tuberculosis Association.\**

The central governing body of the Council consists of two representatives, (a board member and an executive), from each member organization.

Advisory committees have been organized to deal with the following subjects: school health work, foods and nutrition, health provisions for state laws relating to children, organization and conduct of a health program for pre-school children, statistics, pediatrics, and obstetrics, public health nursing, and standards of normal growth. Each advisory committee is made up of representatives from public departments and national organizations which specialize in the fields to be covered, as well as individuals of outstanding ability, specializing along the same lines.

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\*Separate reports are presented for these organizations as members of the National Health Council.

### III. SERVICES OFFERED AND WORK DONE.

The Council is primarily a co-ordinating body, its administrative functions relating primarily to the demonstration in Mansfield and Richland County, Ohio. Through the reports issued by its advisory committees it gives assistance to all interested by making available a consensus of the best expert current opinion on policies, standards, methods and organization of work, which carries an authority greater than that attaching to the opinion of any one organization. So far the following reports\* have been prepared:

Health for School Children, Health Series No. 1, U. S. Bureau of Education.

Health Provisions for State Laws Relating to Children, Mother and Child, 1920.

The Campaign Against Malnutrition, U. S. Public Health Service Bulletin 134.

Child Health in Erie County, New York, Pamphlet Publication, National Child Health Council.

The last report is of a survey of child health conditions in Erie County, New York, which was participated in by all the constituent organizations of the Council, with the co-operation of several other associations and governmental bureaus. This report gave suggestions as to the ways and means by which the less densely populated sections of Erie County might co-ordinate and correlate the work of their various agencies in order to improve the health of the children.

Through the Child Health Demonstration, which is being conducted in Mansfield and Richland County, Ohio, it is expected that plans based on actual conditions in a typical American community will be evolved which should serve as a guide to other communities desiring to put their child health work on a sound and enduring basis.

#### *American CHILD HEALTH Association*

*(Formerly the American Child Hygiene Association and the Child Health Organization of America)*

National Headquarters: 532 Seventeenth Street, N. W., Washington, D. C.

Administrative Office: 370 Seventh Avenue, New York City.

*President: Herbert Hoover*

*General Executive: Courtenay Dinwiddie*

### I. FUNCTIONS.

The *American CHILD HEALTH Association* was incorporated in January, 1923. Its objects, as stated in its Constitution, are the saving of life, the prevention of disease, the promotion of the health and development of children of all ages, by awakening the interest of the general public and by co-operation with public and private agencies in the protection of the health of the mother before, during, and after the birth of the child, and of the child from birth to maturity; prevention and correction of defects and conditions which interfere with health and normal growth; teaching the principles and practice of general and personal health in the home and the school; health education of parents and children; and improving the standards of training of physicians, nurses, and teachers in child health. Different phases of this work have hitherto

\*The first two have been published, the third is in course of publication.

been covered by the two organizations now merged in the *American CHILD HEALTH Association*.

## II. ORGANIZATION.

The *American CHILD HEALTH Association* is governed by a Board of Directors. Executive authority is in the hands of an executive committee. Subject to this committee the executive staff, consisting of a general director, a director of medical activities, a director of health education, a co-ordinator of nursing activities, and a research editor, administers the work of the Association.

## III. SERVICES.

The services formerly rendered by the American Child Hygiene Association and the Child Health Organization of America, will be so co-ordinated by the new Association as not only to continue them intact and without interruption, but also to permit their expansion on a scale not hitherto attainable by either alone. They consist of the following:

a. Supporting and building up the work of federal and state governmental agencies will be a chief objective, so that these authorities may be in a position to assume responsibility for such children's health activities as are of a public nature, wherever this has been proven sound. The passage of the Shepard-Towner bill makes it important that volunteer associations shall be prepared to render every possible assistance to federal and state departments in guiding wisely the expenditure of the additional funds available for child welfare efforts throughout the country.

b. The field service rendered in the past to state and local public authorities and private societies in advising them on practical questions relating to their organization and work for children, will be continued and expanded. Reviews of local conditions as a basis for such advice will be carried on as occasion demands.

c. Publication of the magazine *Mother and Child* will be continued, and such new attractive literature as may be needed by professional workers and citizens in general will be issued.

d. The report issued yearly by the American Child Hygiene Association on infant mortality in various cities of the United States will be continued.

e. Services of dramatic characters will be continued as there is demand, and requests for help in the preparation of child health exhibits will be met as far as possible.

f. The new Association plans to co-operate in the preparation of films dealing with the health of children and mothers.

g. The scarcity of trained and competent personnel will be met by a definite effort on the part of the new Association to assist training centers.

h. The work of the advisory committees of the National Child Health Council may be taken over by the new Association. Such conferences will be held as will make available a consensus of authoritative opinion on the practical problems confronting those who serve the interests of the child in our communities. In particular it is planned in connection with the World's Educational Conference to be held in Oakland, California, to promote, in co-operation with the National Education Association, an International Conference on Health Education.

i. An annual conference of professional workers and all others interested in problems of child health is planned as a development of the effective meetings which have been held yearly by the American Child Hygiene Association in the past.

j. The Association will be responsible for the conduct of three comprehensive child health demonstrations made possible by an appropriation by the Commonwealth Fund for that purpose.

NATIONAL CHILD LABOR COMMITTEE  
105 East Twenty-second Street, New York, N. Y.

*Chairman:* \_\_\_\_\_  
*General Secretary:* Owen R. Lovejoy

## I. FUNCTIONS.

The National Child Labor Committee was organized in 1904, and was incorporated by Act of Congress in 1907. Section two of this Act states that the objects of the National Child Labor Committee shall be: To promote the welfare of society with respect to the employment of children in gainful occupations; to investigate and report the facts concerning child labor; to raise the standard of parental responsibility with respect to the employment of children; to assist in protecting children, by suitable legislation, against premature or otherwise injurious employment, and thus to aid in securing for them an opportunity for elementary education and physical development sufficient for the demands of citizenship and the requirements of industrial efficiency; to aid in promoting the enforcement of laws relating to child labor; to co-ordinate, unify and supplement the work of state or local child labor committees, and encourage the formation of such committees where they do not exist. In accordance with the provisions of this act the National Child Labor Committee has investigated problems which are closely related to child labor, viz., education, recreation, juvenile delinquency, health, and mothers' pensions.

## II. ORGANIZATION.

The officers of the corporation consist of a Chairman, two Vice Chairmen, a Treasurer, a Secretary and a Board of Trustees. The Board of Trustees meets annually on the last Thursday in October.

The Board consists of 25 members who serve for a term of five years and until his or her successor is elected.

The office staff is as follows: General Secretary, Field Director, Publicity Director, Membership Director, and Research Director. In addition, a staff of specialists as agents for the Committee are maintained for investigation in various fields.

There are three standing non-staff committees as follows: Executive, Membership, and Finance.

There is an Advisory Committee of 42 people representative of every section of the country, invited to serve by the Board, which acts in an advisory capacity on general matters of the Committee.

The non-corporate membership of the National Child Labor Committee consists of about 15,000 members and contributors, classified as follows: associ-

ate members, contributing members, subscribing members, sustaining members and donors. Ex-Presidents Wilson and Taft, and President Harding are honorary members.

The national headquarters of the Committee are at New York City. Local membership state committees under the direction of state chairmen are maintained in the following states: Alabama (Montgomery); California (San Francisco and Los Angeles); Colorado (Denver); Michigan (Detroit); Minnesota (Minneapolis); Mississippi (Okolona); New Hampshire (Hanover); Tennessee (Nashville); Washington (Seattle); Wisconsin (Milwaukee). Besides these, the Committee is affiliated with State Child Labor Committees and other voluntary welfare agencies.

### III. SERVICES.

a. *Administrative*.—Supervises and co-ordinates work of departments and all field work.

b. *Field Work*.—Makes state and local investigations with reference to child labor and child welfare in general, for the purpose of standardizing laws and administration and establishing children's codes, these surveys being made at the request of the local organizations and in co-operation with them.

c. *Publicity*.—Publishes *The American Child* (a monthly bulletin) and an office bulletin, or weekly "house organ." Issues special pamphlets. Carries on publicity campaign in magazines and local newspapers.

d. *Membership*.—Promotes membership in the Committee as a national organization.

e. *Research*.—Studies, compiles and disseminates information and statistics, with special reference to legislation. Collects reports from state officials. Collects abstracts from foreign publications and puts material already in the library in usable form.

### IV. EXAMPLES OF WORK DONE.

During 1922, the Committee published a book "Rural Child Welfare" which is based on a study of rural child welfare conditions in West Virginia. The Committee conducted similar intensive state surveys in Alabama, Oklahoma, North Carolina, Kentucky, and Tennessee. The Committee makes local investigations of certain industries and gives legislative aid in drafting and lobbying for child welfare laws. During the fiscal year of 1922, the members of the field staff have been engaged in Alabama, Iowa, Kentucky, Michigan, New Jersey, New York, Ohio, Virginia and also in Nebraska, North Carolina and Rhode Island. Calls from sixteen states for general surveys, special studies or legislative assistance were not met because of limited staff and funds.

# THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

370 Seventh Ave., New York City

*President:* Walter B. James, M. D.

*Medical Director:* Frankwood E. Williams, M. D.

## I. FUNCTIONS.

The National Committee for Mental Hygiene and its affiliated state societies and committees are organized to work for the conservation of mental health; to help prevent nervous and mental disorders and mental defects; to help raise the standards of care and treatment for those suffering from any of these disorders or mental defect; to secure and disseminate reliable information on these subjects and also on mental factors involved in problems related to industry, education, delinquency, dependency, and the like; to aid ex-service men disabled in the war; to co-operate with federal, state and local agencies and with officials and with public and private agencies whose work is in any way related to that of a society or committee for mental hygiene. Though methods vary, these organizations seek to accomplish their purposes by means of education, encouraging psychiatric social service, conducting surveys, promoting legislation, and through co-operation with the many agencies whose work touches at one point or another the field of mental hygiene. When one considers the large groups of people who may be benefited by organized work in mental hygiene, the importance of the movement at once becomes apparent. Such work is not only for the mentally disordered and those suffering from mental defect, but for all those who, through mental causes, are unable so to adjust themselves to their environment as to live happy and efficient lives.

## II. ORGANIZATION.

The National Committee for Mental Hygiene, founded on February 19, 1909, was incorporated in 1916 under the Membership Corporation Law of the State of New York. The affairs of the organization are managed by a Board of Directors, consisting of five groups elected by the National Committee, for one, two, three, four and five years, respectively. The Board at each annual meeting elects from its own membership a President, three Vice-presidents, a Treasurer, an Executive Committee and a Finance Committee. The chief executive officer is appointed by the Board upon prior nomination by the Executive Committee; the Secretary is elected at each annual meeting of the National Committee. All special or sub-committees are appointed by the Executive Committee, to which they report.

Members may be elected by the National Committee or by the Executive Committee as provided in the by-laws. The membership, originally limited to seventy, was subsequently increased to not more than two hundred. It is planned that all states shall find representation in the National Committee.

The organization is dependent for support upon voluntary contributions. Funds available for expenditure are disbursed under budgets prepared by the Executive Committee, approved later by the Executive and Finance Committees acting jointly, and finally approved by the Board of Directors. At the end of each fiscal year, all of the accounts and vouchers for the year are examined by a certified public accountant. His report is transmitted to the Treasurer and, in

turn, presented to the Board of Directors for approval and incorporation in the records of the National Committee.

Societies for Mental Hygiene affiliated with the National Committee have been organized in twenty-two states and plans for organizing committees in many more are now under way and groups interested in plans for organizing such societies exist for the proper administration of their work. Some of the state societies are not yet able to employ full-time medical directors or psychiatric social workers.

Work done in the United States has led to similar work in other countries. An efficient National Committee is doing splendid work in Canada and the equivalent of a National Committee has been formed in France, Great Britain, and Belgium and similar committees are now in process of organization in South Africa, Australia, Holland and other countries.

### III. SERVICES.

The National Committee for Mental Hygiene co-operates with various medical, educational, and social agencies in outlining programs, furnishing lecturers, serving on committees and editorial boards, assisting in the preparation of special courses, selected bibliographies, and reading lists, and in other ways. These services are part of the work of its Division on Education. Other features of this Division are the preparation and distribution of publications on various phases of mental hygiene, a quarterly magazine, *Mental Hygiene*, and a monthly, *Mental Hygiene Bulletin*.

This Committee conducts mental-hygiene surveys of states and individual cities and counties, studying not only their institutional facilities for dealing with problems of mental defect, mental disease, and personality anomalies, but also such problems as are presented in the schools, courts, social agencies, and the like. When these surveys are completed, recommendations are made to the authorities upon whose request the studies are conducted. The Division on Mental Deficiency of the National Committee, in conjunction with its Division on Hospital Service, directs these studies. Apart from the surveys, these two Divisions furnish advisory service to institutions for mental defectives, to hospitals for mental diseases, to state boards, and other officials interested in the care of such patients, with a view to raising standards of institutional treatment, as well as increasing provision for extra-mural supervision and training.

One of the more recent developments of the Committee is its Division on the Prevention of Delinquency, established through a special gift from the Commonwealth Fund. The work of this Division falls into two groups (1) Department of Psychiatric Field Service—Demonstration Clinics, and (2) Department of Experimentation. In the first department two traveling clinics are provided to juvenile courts and other agencies, to demonstrate the value of psychiatric, psychological, and social work in the prevention of delinquency and conduct disorders of childhood. These clinics are established in communities where assurance is given of the formation of a permanent clinic at the end of the demonstration period. The first clinic has recently completed a demonstration at St. Louis and has moved to Norfolk. The second is now in Dallas, Texas.

The Department of Experimentation of this Division is conducting a three-year demonstration in Monmouth County, New Jersey, consisting of a

mobile mental hygiene clinic, serving the public schools, the juvenile court and the general community of that county. This experiment has been conducted for over a year, and a report now in preparation, among other things, will outline a plan for organizing medical, social, and educational forces in a rural community to deal with its children. This department expects to develop similar clinics in other parts of the country for the study and treatment of problem children of school and pre-school age.

Since 1917, the National Committee for Mental Hygiene has been promoting the adoption of a standard classification of mental diseases and a uniform statistical system in hospitals for mental diseases. Statistical guides, record cards, and tabular forms are furnished to co-operating hospitals. Similar activities have been in progress since 1920 for institutions for the feeble-minded. In these two projects, the Committee has had the co-operation of the American Psychiatric Association and the American Association for the Study of the Feeble-minded. For some months past the Committee has been co-operating with the Federal Census Bureau in formulating plans for a special census of patients in institutions for mental disease, feeble-mindedness, and epilepsy.

The National Committee for Mental Hygiene serves as a clearing house for information concerning institutions for mental diseases, mental defect, and epilepsy in this country. It collects, files, and summarizes laws enacted each year pertaining to these patients, the institutions for their care, and related subjects, and gathers and disseminates general and specific information, statistical and otherwise, concerning mental hygiene and allied fields.

This Committee assists state societies for mental hygiene and similar national agencies in other countries in their organization, program planning, and development.

# NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

370 Seventh Ave., New York City

*President:* Elizabeth G. Fox, R. N.

*General Director:* Anne A. Stevens, R. N.

## I. OBJECTIVE.

The National Organization for Public Health Nursing was formed in 1912, to meet the need for a central advisory body to the public and to the three thousand public health nurses then working in the United States.

The beginning of the twentieth century had seen a rapid development of the new profession—Public Health Nursing—with many members of this profession working individually and struggling with the multitudinous problems of nursing in relation to community health. The public health nurse gradually became known to the public, as offering skilled nursing service in the homes, in the schools, in the factories—a service that not only aims at disease prevention but emphasizes the importance of health teaching through the adequate care of the sick. Communities everywhere were asking about this new health service, and many were engaging public health nurses.

Leaders in the work recognized that the time had come for the formation of a national organization whose chief function would be to serve as a standard-making body for public health nursing and to act as a clearing house for information relating to the many phases of public health nursing. Through such an organization, a community initiating a public health nursing service for its citizens may learn the best known procedure at once, and may so avoid being the object of constant experiment.

## II. ORGANIZATION.

The success of Public Health Nursing in any community has always been felt to be the equal responsibility of the people living in that community and the public health nurses who serve that community. Therefore, when the National Organization for Public Health Nursing was formed, its membership was made to include *lay people* as well as public health nurses, each group recognizing its special obligation toward advancing the work of public health nursing. To-day there are approximately 5,000 nurse members and 2,000 lay members of the N. O. P. H. N. Employers of nurses are also urged to affiliate through Corporate Membership. At the last Biennial Convention, held in June, 1922, an amendment to the by-laws offered an affiliation between State Organizations for Public Health Nursing and the National Organization by providing for State Branches.

## III. SERVICES.

The chief aim of the National Organization is the maintaining of standards of public health nursing throughout the United States. To this end it offers the following services:

- a. Protection is afforded the public against poor nursing service by upholding the standard for the fundamental technical training of the individual public health nurse.

b. Expert consultation service is given by correspondence, or by personal interview at the national office and in the field.

Last year, our Field Secretary traveled 12,000 miles to help and advise individual nurses, large and small associations, and the communities they serve, with the solution of their problems.

c. A monthly magazine, *The Public Health Nurse*, is issued to every member.

d. A reference and package library service is maintained.

e. A Vocational Service is operative, "guiding the right nurse to the right work."

f. Advisory service is offered in connection with the courses in public health nursing given by the universities. This is also a bureau of information and advice for nurses regarding courses and scholarships.

g. A Statistical Department is maintained which offers statistical information about public health nursing. This information is based upon reports furnished by organizations, voluntary and official, employing public health nurses.

h. The National Organization through its Sections and Committees is constantly studying the many different problems in the public health nursing field in order better to serve the local organizations and the country at large.

i. In an effort to increase the number of nurses in the profession, the National Organization for Public Health Nursing co-operates with the other national nursing associations to encourage graduate nurses and student nurses to enter public health nursing, and also to encourage high school and college students to prepare through pre-professional courses for a nursing career.

A long list of accomplishments might be compiled for the National Organization, but because of the very nature of its work, none of these would be particularly spectacular. The task of advising and consulting, and quietly working for the standardization and crystallizing of the aims of a new profession, is necessarily a long, slow one. The progress made, however, is evidenced by the increased numbers in the profession and also in the group employing these public health nurses. The Organization has influenced legislation, both state and national, that would further the development of public health nursing.

# THE NATIONAL TUBERCULOSIS ASSOCIATION

370 Seventh Ave., New York City

*President:* Lawrason Brown, M. D.

*General Director:* Linsly R. Williams, M. D.

## I. ORGANIZATION.

The National Tuberculosis Association is an organization of physicians, laymen and state and local associations for the development of community resources for the control of tuberculosis. The movement is organized along national, state and local lines. There is a state association in each state and in the District of Columbia. These 49 associations together with 4 others are known as affiliated and represented associations. Under the direction of these 53 associations are approximately 1,200 municipal, county and district associations in various parts of the country.

Practically all of the work of the national, state and local tuberculosis associations is financed by the annual sale of Christmas seals.

## II. FUNCTIONS.

The functions of the National Tuberculosis Association with reference to its various state and local associations may be briefly summarized as follows:

a. *Education.*—Under this heading is included not only the general extensive education of the public through newspapers, literature, talks and in other ways, but the special education of certain groups such as physicians, nurses, medical students, etc.

b. *Organization.*—The National Tuberculosis Association has organized nearly all of the existing state associations. Within the states the organization work is carried on by the state associations. Assisting the various states the National Association is frequently called upon to organize and reorganize work in various parts of the country.

c. *Stimulation and Standardization.* One of the principal functions of the Association is to develop higher standards of work both among state and local associations, and also among hospitals, sanatoria, nurses, dispensaries and other agencies doing tuberculosis work.

d. *Coordination.*—The National Association endeavors to co-operate not only with the other national health bodies, but the governmental and semi-governmental agencies that can be of service to the national, state and local programs.

e. *Legislation.*—Wherever necessary the Association endeavors to promote national health legislation and to strengthen federal agencies dealing with health problems.

## III. SERVICES.

The staff of the Association is organized under six services as follows:

a. *Administrative Service.*—This service handles not only the business affairs of the Association, but it also develops the general policies for the staff and the working relations for the field as a whole.

b. *Publicity and Publications Service*.—This service handles the general educational and publicity work and also publishes three monthly periodicals—the *Journal of the Outdoor Life*, the *American Review of Tuberculosis*, the *Monthly Bulletin*, and the annual volume of *Transactions*, besides various monographs and special publications.

c. *Modern Health Crusade*.—This service has charge of the Modern Health Crusade and develops the national literature and standards of work for the promotion of this health education movement.

d. *Medical Service*.—This service endeavors to develop standards of medical work and to promote medical education and stimulate interest in medical and nursing problems.

e. *Field Service*.—The field service as its name indicates is designed to bring the personal touch of the Association to the state and local groups. This is done not only by means of the members of the staff, but by consultants appointed for that purpose in different parts of the country.

f. *Campaign Service*.—The campaign service has charge of the conduct of the annual Christmas Seal Sale and of similar financial movements.

g. *Statistical Service*.—The statistical service takes care of the statistical and similar research problems of the Association and related groups.

The different services of the National Association work so far as possible through the various state associations. Where local groups or individuals desire service from the National Association, this service is rendered if possible through the state associations.

#### IV. EXAMPLES OF WORK DONE.

Under the leadership of the National Tuberculosis Association and its affiliated organizations, there have been established in this country since 1904, when the National Association was formed, a considerable number of local agencies dealing with tuberculosis, including approximately 700 hospitals and sanatoria with over 60,000 beds, nearly 600 tuberculosis dispensaries and clinics, about 5,000 nurses doing some tuberculosis work, over 1,000 open-air schools, and a very considerable number of other institutions and organizations doing tuberculosis work.

# THE UNITED STATES PUBLIC HEALTH SERVICE\*

Washington, D. C.

*Surgeon General:* Hugh S. Cumming, M. D.

## I. FUNCTIONS

Under existing authority of law, in addition to its hospital services, the functions of the Public Health Service may be listed under the following heads:

- a. Protection of the United States from the introduction of disease from without.
- b. Prevention of the interstate spread of disease and suppression of epidemics.
- c. Co-operation with state and local boards of health in health matters.
- d. Investigation of diseases of man.
- e. Supervision and control of biological products.
- f. Public health education and dissemination of health information.

## II. ORGANIZATION.

The Public Health Service is a bureau in the Treasury Department and is in direct charge of the Surgeon General, whose acts are subject to general supervision and approval by the Secretary of the Treasury. The Surgeon General administers the affairs of the Bureau, with the aid of an executive officer, through seven administrative divisions established by law: namely, Divisions of Marine Hospitals and Relief, Domestic Quarantine, Foreign and Insular Quarantine, Personnel and Accounts, Sanitary Reports and Statistics, Scientific Research, and Venereal Diseases; a General Inspection Service, a Section on Health Education, and the office of the Chief Clerk.

The staff consists of 1,741 officers and other scientific personnel, 3,378 clerks and other employees, and 4,390 officers of state and local health departments who hold appointments from the Federal Government and co-operate by furnishing information, and in other ways.

## III. SERVICE.

a. The Division of Marine Hospitals and Relief furnishes hospital and dispensary treatment to federal beneficiaries as prescribed by law, such as patients of the Coast Guard, Merchant Marine, etc. This division is operating 24 hospitals having a bed capacity of approximately 3,170.

b. The Division of Domestic Quarantine places in operation measures for the suppression of plague and other epidemic diseases; treatment of cases of trachoma in hospital and field clinics for the purpose of suppressing that disease; demonstration work in rural sanitation; control of water supplies used by interstate carriers; prevention of epidemics, by assisting in building up and improving divisions of communicable diseases and sanitary engineering in state health departments.

c. The Division of Foreign and Insular Quarantine supervises the administration of 93 maritime and border quarantine stations in the United States and its possessions, and is responsible for the proper enforcement of the United States quarantine laws and regulations; supervises the operations and medical inspection of aliens at the various ports of entry in the United States, which exceed 90 in number; and directs the operations of medical officers assigned to American consulates for the purpose of enforcing the United States quarantine

\*Advisory Member.

laws applicable at foreign ports of departure. The observance of International Sanitary Agreements is also one of the functions of this Division.

d. The Division of Personnel and Accounts provides professional, scientific and other personnel for the execution of the various activities of the Service.

e. The Division of Sanitary Reports and Statistics collects and publishes information regarding the prevalence and geographic distribution of diseases dangerous to the public health in the United States and foreign countries. Court decisions, laws, regulations, and ordinances pertaining to the public health are compiled, digested, and published.

f. The Division of Scientific Research conducts scientific field and laboratory studies of diseases of man and other public health problems. In addition to these studies, this division has supervision of the manufacture and sale of viruses, serums, toxins, and analogous products, including arsphenamine, and neoarsphenamine, in interstate traffic.

g. The Division of Venereal Diseases promotes the co-ordination of state boards of health in venereal disease control; prepares educational material; and stimulates the improvement and standardization of methods of diagnosis, treatment, and control of venereal diseases.

h. The General Inspection Service makes systematic inspections of all stations and activities of the Service.

i. The Section on Public Health Education prepares technical literature for medical and lay periodicals, including newspapers; prepares and delivers two lectures a week by radio broadcast, through an increasing number of broadcasting stations, many of these lectures being reproduced in the columns of the daily newspapers; through this radio service supplies health information to foreign language newspapers; produces motion picture films, and supervises the use and distribution of a large stereopticon loan library.

#### IV. EXAMPLES OF SERVICES.

Some achievements of the Public Health Service may be briefly enumerated as follows:

Smallpox eradicated in the Philippines; supervision and control of cholera in the Philippines; bubonic plague controlled on the Pacific Coast by the destruction of rats and ground squirrels; bubonic plague controlled in New Orleans and Porto Rico by the eradication of rats; cholera successfully prevented from reaching the United States without interruption of commerce, in the great European epidemic of 1910, through new quarantine procedure developed by the Service. During the World War the Public Health Service successfully protected the health of the military forces of the United States in the areas contiguous to the camps. Without such control the camps would have been menaced to an unprecedented extent by such diseases as malaria, typhoid fever, cerebrospinal meningitis, and venereal diseases.

In its investigations the Public Health Service has made important contributions to the prevention and control of various diseases, among which may be mentioned: yellow fever, cholera, pellagra, beri-beri, leprosy, malaria, syphilis, diphtheria, trachoma, typhus, deer fly fever, measles, and hookworm. Other studies have been made of immunity from disease, ground squirrels and plague, purification of polluted oysters, disinfection against rats and vermin, stream pollution, improvement of milk supplies, organization of state health departments, and hospital service.

